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SERIAL NO. FILING DATE MULTIPLE DEPENDENT CLAIM 10/ 565537 FEE CALCULATION SHEET APPLICANT(S) (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER **AFTER AFTER** AFTER **AS FILED AS FILED** 1" AMENDMENT 2 nd AMENDMENT 1" AMENDMENT 2 [™] AMENDMENT DEP. IND. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. <u>76</u> TOTAL TOTAL IND. TOTAL TOTAL DEP. TOTAL TOTAL CLAIMS CLAIMS

PTO - 1360 (REV. 11/04)

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